


 TRANSMITTAL
 FORM

(to be used for all correspondence after initial filing)

		Application Number	09/901,939
		Filing Date	July 10, 2001
		First Named Inventor	Roberie, et al.
		Art Unit	1764
		Examiner Name	Nguyan, T.
Total Number of Pages in This Submission	9	Attorney Docket Number	W-9517-01

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form (2x*) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations <input type="checkbox"/> Extension of Time Request (2x*) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CID, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CID	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal & Return Receipt Postcard.
Remarks		

* 2x = Duplicate Copies

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	W R Grace & Co.-Conn		
Signature			
Printed name	Beverly J. Artale		
Date	September 29, 2005	Reg. No.	32366

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Angela M. Porroovicchio	Date	September 29, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.